

EMPLOYEE EMERGENCY DATA CARD

(Ref. FSM 6100)

To be Completed by Federal Employees Only

PRINT OR TYPE ALL ENTRIES

The purpose of this form is to:

- provide contact information for the employee and their primary emergency contact information, and
- provide pertinent medical information in case of emergency.

Employees are asked to voluntarily provide answers the following questions. The information provided will be used in case of an emergency only. Answers will assist Forest Service officials in identifying personal contact information and specific medical conditions that may be of concern if individual employees have an accident or experience a potential medical incident that might place their health and safety at risk if not identified to first responders. Review with your personal physician any medical concerns you have that may place you or your health at risk if such an incident occurs.

FIRST NAME	MI	LAST NAME	DATE
HOME ADDRESS (INCLUDE ZIP CODE)		PHONE NO W/AREA CODE.	
WORK ADDRESS (INCLUDE ZIP CODE)		PHONE NO W/AREA CODE.	
IF PO BOX, PROVIDE DIRECTIONS			
EMERGENCY CONTACT NAME			
HOME ADDRESS (INCLUDE ZIP CODE)		PHONE NO W/AREA CODE	
SUPERVISOR'S NAME			
ALLERGIES		HEART CONDITION	
MEDICATIONS		OTHER	
PHYSICIAN			
PHONE			

NAME: _____

DATE: _____

Privacy Act Statement

The information obtained in the completion of this form is to be used in case of an emergency only. Its collection and use are covered under Privacy Act System of Records USDA/FS-11 Employee Emergency Information and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).